(घ) जहां वर्दी आवश्यक हो वहां वर्दी का पूरा खर्च ।

(3) इस कार्रवाई में मारे गए भारतीय शांति सेना के कार्मिकों के आश्रित, अर्थात उनके पुत्र/पुत्री/निकट संबंधी, यदि वे आयु और शैक्षणिक अर्हताओं को पूरी करते हों तो उन्हें रिकार्ड कार्यालय/रेजिमेंटल सेंटर/कार्मिक की मूल कोर/यनिट, सशस्त्र सेना मुख्यालय तथा अन्य रक्षा मुख्यालयों में उपलब्ध समूह "ग" और समूह "घ" के सिविल पदों पर नियुक्त किया जा सकता है।

(4) कार्रवाई में मारे गए भारतीय शांति सेना के कार्मिकों के प्रत्येक परिवार के दो सदस्यों को सिविल क्षेत्र में समूह "ग" और समूह "घ" के पदों पर रोजगार कार्यालयों के माध्यम से नियुक्ति के लिए प्राथमिकता दी जाएगी ।

(5) कार्रवाई में मारे गए भारतीय शांति सेना कार्मिकों के परिवारों को उपर्युक्त लाभों के अतिरिक्त कई अन्य लाभ दिए जाते हैं । इनमें अन्य बातों के साथ-साथ वे सेना समूह बीमा योजना, सेना हितकारी निधि से तथा सेना के अफसरों की पत्नियों की कल्याणकारी एसोसिएशन की निधियों से अदायगी पाने के पात्र हैं । उन्हें रियायती रेलवे यात्रा सुविधा तथा युद्ध में वीरगति प्राप्त सैनिकों की पत्नियों/बच्चों की चिकित्सा तथा दंत चिकित्सा कॉलेजों में प्रवेश सुविधा भी दी जाती है।

Marketing of CUoquinol, etc.

*84. SHRI P. N. SUKUL;
DR. (SHRIMATI) SAROJINI MAHISHI-

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state;

(a) whether it is a fact that Clioqui-nol, Hydroxy Quinoline, Quiniodochlor, Chinoform, Di-iodohydroxyquinoline are being marketed in the country;

(b) if so, the indication for which these drugs are used;

(c) whether it Is a fact that theso drug cause limb paralysis and blindness;

(d) if so, the names of the safer drugs available in the market for the same indication; and

(e) the names of the countries where these drugs have been withdrawn?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDEV (a) Yes, Sir.

(b) to (e) A statement ig laid on tha table of the Sabha,

Statement

(b) Hydroxyquinoline group of drugs are indicated for acute and chronic amoe bic dfarrhoea/dysentry.

(c) Few cases were reported in Japan where these drugs were reported to cause para-asthesia of peripheral nerves leading to abnormal sensation and sub-acute myelo optic neuropathy (SMON) which could lead to blindness.

(d) Other drugs available viz. Metro, nidazole, Tinedazole, Ailoxamide Fureale indicated for amoebic diarrhoea/dysentry have their own characteristic side effects.

(e) While the Hydroxyquinoline group of drugs continues to be marketed in a large number of countries, as per the information available, it is reported to be withdrawn in Japan, Greece, Zimbabwe, Cyprus, Nepal, Norway, Sweden, Den mark, Spain, Italy and Bangladesh.

New anti-rabbies vaccine

*85 SHRI SURENDRA SINGH THAKUR;
SHRI MUKHTIAR SINGH MALIK;

Will the PRIME MINISTER be pleased to state;

(a) whether it is a fact that the National Institute of Immunology has developed a new Anti-Rabies Vaccine;

(b) if so, what arc the details thereof;

(c) whethe Gu\unment would eonsu der toe trial of the new vaccine for human use and to replace the old Anti-Rahies vaccine; End

(d) if so, by when Government pro pose to make available this new vaccine for the public?

THE MINISTER OF STATE IN THE MINISTRY OF SCIENCE AND TECHNOLOGY AND THE MINISTER OP STATE IN THE DEPARTMENTS OF OCEAN DEVELOPMENT, ATOMIC ENERGY, ELECTRONICS AND SPACE (SHRl K. R. NARAYANAN); (a) A new Biotechnology based vaccine for controlling Rabies in animals is under development at the National Institute oi Immunology.

(b) The protective efficacy of this experimental vaccine has been studied and' confirmed in experimental animals in National Institute of Immunology and other Centres. In Laboratory animals the protection has been found to be Very high. The vaccine is at present being developed for use in domestic animals.

(c) and (d) A decision regarding the use of this vaccine for human can be taken only after its safety and efficacy is fully established first in animals and then in humans and after obtaining the required statutory approvals from autho rities in the country. No trials of this new experimental vaccine in humans is under consideration at this time. At this stage it is not possible to tel) when exactly this vaccine would be made avail able for the general public

Advisory board and working group on KBCS on use of Sanskrit in fifth generation Computer Systems

*86. SHRI PRAMOD MAHAJAN:
SHRI SHANKER SINH VAGHELA:

Will the PRIME MINISTER be pleased to refer to the answer to Unstarred Question 411 given in Rajya Sabha on 15th November 1988 and state:

(a) the names, addresses and background of members, of the Advisory Board and the Working Group on knowledge based Computer System (KBCS) and also on Ancient Indian Sciences including Sanskrit constituted by Government;

(b) the outlines and salient features of the project on using Sanskrit as the Language for KBCS Fifth Generation Computer System; and

(c) the progress made so far in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF SCIENCE AND TECHNOLOGY AND THE MINISTER OF STATE IN THE DEPARTMENTS OF OCEAN DEVELOPMENT, ATOMIC -ENERGY. ELECTRONICS AND SPACE (SHRI K. R. NARAYANAN): (a) The names, addresses and merit details of members of Advisory Committee and Working Group on Knowledge Based Computer System and Ancient Tndian Sciences including Sanskrit are as follows:—

ADVISORY COMMITTEE

1. Prof. Satchidananda Murthy, Vice Chairman (UBC), Chairman of the Committee.—well known scholar concerned with education and promotion of Indian culture.

2. Prof. V. G. Bhide Vice-Chancellor, University of Poona—scholar and scientist with deep interest in Ancient Indian Sciences and their relationship with modern scientific thought.

3. Dr. S. V. Sohoni (TCS), Vice Chancellor, Tilak Maharashtra Vidyapirh, Pune—well known Sanskrit scholar.

4. Prof. R, Venkatadhalam, Vice Chancellor, Dr. Sampoornanda Sanskrit University. Banaras—a well known Sanskrit scholar with deep interest in Ancient Tndian Sciences.

5. Dr. P. Krishnakumar, Execu'ive Chairnvm, Arya Vaidya ^hala, Coimbatore—Expert in Ayurvedic medicine including application *of* modern science and